

PUBLIC VOUCHER FOR PURCHASES
AND SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2470

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

Voucher prepared at _____
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. _____

To _____
(Payee)

PAID BY

Encl #2

DPD-3769-59

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				\$682.	46
PAYMENT: Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>		Discount Terms					
				Use continuation sheet(s) if necessary			

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total \$682.46

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences _____

Date 5-26-59

(Sign original only)

Amount verified; correct for \$682.46
(Signature or initials) ER

Per _____
Contract No. _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as well as the name of the person who is the "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary, otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____
10-22000-0

STATOTHR

SUPP# SUPPLIER NAME NO DY CHECK# INVOICE P O ACCT ODC MJO SO WK ORDR AMOUNT BATCH TR M D Y

1860 LYON AIRCRAFT SERV 27137 5M1720 12494 12501 1 5044 02 12506 73 0 5 15 9

12506 **
12506 ***

WRLY PURCH DIST 5/17/59

sys III 12470

SUPP#	SUPPLIER NAME	MO. DY	CHECK#	INVOICE	P. O.	ACCT	ODC	MO	50	WK	ORDR	AMOUNT	BATCH	TR. M.	D. Y.
214	SERVOMECHANISMS IN		27002	3134	12281	12501	1	5068	02			3700		70	0 5 14 9
												3700 *			

3700 **
3700 ***

~~214169~~ ****